

## FACTORS INFLUENCING MATERNAL PSYCHOLOGICAL ADJUSTMENT AMONG HIV-POSITIVE WOMEN IN SOUTH-WEST NIGERIA

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### Abstract

This study examined the contribution of personal factors as predictors of maternal adjustment of HIV positive mothers in South-West Nigeria. A total of 1653 women in referral centres in the South West Nigeria completed the instruments. Data were collected with the use of questionnaire. Regression analysis revealed that independent variables: age, marital status, socio-economic status, emotional-intelligence and optimism predicted maternal adjustment positively with the exception of religion that predict maternal adjustment negatively. The ANOVA and model summary of regression analysis revealed joint contribution of the six independent variables taken together to have correlated positively with each other and with respondent's psychological adjustment  $R=0.335$ . The independent variables explained 11.2% of the total variance observed in the maternal psychological adjustment ( $R^2=0.112$ ). Conclusion from the result implies that all the independent variables could influence respondent's maternal adjustment to some extent. Women who are emotionally intelligent and optimistically confident and well experienced in age would cope better in their present circumstances, according to the result of this study. Therefore, it is recommended that the women should be enlightened on emotional intelligence and optimism to enhance better adjustment to their situations. Adequate support from significant others is also germane to their effective psychological adjustment. Implications for maternal psychological adjustment with HIV/AIDS positive status were also discussed.

**Key Words:** HIV-positive mothers, Maternal Psychological adjustment, Optimism, South West Nigeria

## **INTRODUCTION**

Giving birth is a very significant milestone in the life of any woman, while motherhood creates an ongoing exclusive experience that calls for serious adjustment. Motherhood is a period of multidimensional change, when the woman has to adjust in all ramifications, regardless of age or previous birth experiences. Belleza (2016) described the period as crucial, especially psychological changes that affect the woman. According to White (2010), childbirth is an overwhelming life change. Becoming a mother marks the beginning of parenting functions and change and after the first birth; things can never be the same for the woman again. Fulfilling these innate functions is more tasking than imagined and require a lot of physiological adaptations and social adjustment in the course of motherhood obligations. Street (2010) opined that motherhood is probably the most profound transition a woman experiences because it affects the woman in all ramifications and alters her life style. In addition to normal physiological changes that occur in all women after birth, the HIV-positive woman needs to continually adjust to a lot of other things, such as health, psychosocial and marital issues. Transition to motherhood requires a concerted effort on the part of the mother to be able to cope with the new roles of being a mother. This does not happen overnight, it happens gradually and sequentially as she goes through the different stages of parenting. Motherhood

entails a lot of changes and the ability to cope well with the new situation is an outcome of good adjustment.

Adjustment is a psychological term that deals with the way individual adapts to an environment and the changes in life. According to Shaffer (1961), adjustment is the process by which living organisms maintain a balance between the needs and the circumstances that influence the satisfaction of the needs. Individual tries to influence his circumstances to overcome the difficulties in the realization of his needs. That is adjusting oneself to the prevailing circumstances by altering, adapting or accommodating oneself to the demand of the environment, he further explained. Adjustment can be regarded as psychological survival in the mist of changing circumstances. Taking clue from Darwin's theory of evolution in his book titled, "Origin of Species" (1859), he opined that, organisms that are capable of adapting to changing environment survive and those that cannot adapt die and become extinct. Applying this opinion to maternal adjustment after birth means that, mothers that are able to adapt to the changing circumstances will cope and also live a happier and well-adjusted mothering life while those that cannot would break down and be unable to perform their motherhood role. Hasting (2003) described adjustment as process of how a person achieves satisfaction of needs, therefore reducing tension, particularly when the means of

meeting the needs are blocked. Of course, many things can block the means of meeting the needs of a person. Normal phenomena in life, both good and bad can pose as obstacles to good adjustment in the life of a woman, such include normal positive events like getting married, becoming a mother, getting a job, getting promotion and negative issues such as, health challenges, chronic life-threatening ailments like cancer, HIV, heart and kidney diseases among mothers can be a significant obstacle that can affect the smooth adjustment to motherhood. Maternal adjustment can, in particular, be truncated by a life-threatening disease such as HIV as in the case with the women in this study.

Life is not static, but rather dynamic with its ups and downs. Maternal adjustment therefore, requires that individual mothers develop their psychological adaptive skills and capacities at their pace, in order to fulfill their maternal obligations. Post-natal period is an inevitable time of serious readjustment and adaptation of balance and imbalances coping skills. The process of balance and imbalances continues as the woman copes with the process of motherhood. It is well known that motherhood brings reality of new responsibilities and great effects on the woman's independence so much that ability to adjust may be greatly hampered. In support of this fact, Pereira and Canavarro, (2012) opined that the transition to motherhood can present many challenges;

also Fraser and Raynor (2008) agreed that motherhood can have both positive and negative effects on a woman. A mother is described as well-adjusted when she is able to conform to the physiological, psychological, societal and personal changes, so when she is unable to cope with these changes she is described as being maladjusted. Motherhood, especially in the presence of HIV infection requires some extra adjustment skills to be able to cope with the demand; such as courage for disclosure of feelings, engaging in activities that relieve stress, joining support group and maintaining good hygiene, adequate diet, avoiding acts that can aid transmission of the virus to other members of the family.

Adjustment is a two-way course, it is either you fit yourself to the new situation or manipulate the circumstance to fit into your needs, so during the period of motherhood both the mother and the baby learn from each other, either consciously or unconsciously through process of adjustment. This adjustment does not affect her alone but all the house-hold members. HIV is one disease that affects the sero-positive mothers in such a way that it may influence her post-partum adjustment processes. An HIV-positive mother is considered well-adjusted if she is resilient to the demands of motherhood and at the same time copes with affliction of HIV. Maternal adjustment within the context of this study is concerned with HIV-positive mothers and their coping skill with

motherhood, in relation to age, marital status, religion, socio-economic status, emotional intelligence and optimism.

When a woman is diagnosed with a chronic life threatening disease like HIV, motherhood takes a more complex and different dimension. Women get scattered and ability of being able to cope with the new condition become doubtful. Motherhood with a positive HIV diagnosis can be devastating for some woman and can have positive or negative effects on their personal self-image and future, which require serious adjustment of the total life style. HIV infection puts a woman in more difficult terrain than other women experiencing motherhood because both the motherhood and HIV require adjustment of total being and life style. The presence of HIV among a family member is not only a threat to her but has a significant impact and can create stressor for the entire family. The family life now revolves round meeting the needs of that person at the same time coping with HIV infection. Greene, Delega, Yep and Petriono (2003) observed that, women living with a positive diagnosis of HIV face a life time challenge of physical, psychological and social challenges.

As the mothers progressively adjust to motherhood, certain factors are thought to impact on the process positively or negatively. Among these are the personal factors investigated in this study. Such include age, maternal marital status, socio-

economic status and religion of the woman, emotional intelligence and optimism could influence the women's psychological adjustment after birth.

Giving birth and becoming mother for the first time have a lot of impacts on women of all ages (Wang, 2009). Age might influence adjustment process because of the accumulated experience of the women over time especially if the women have delivered before. They might be able to adjust well to the new situation. Magai (2001) believed that, as people grow older they develop better ability to understand and cope with challenges of life because of accumulated experiences over time. This might influence the multiparous women to cope better. Based on Bar-On's model, to be emotionally intelligent is to effectively understand and express oneself, to understand, successfully cope with demand, challenges and pressure of daily life (Bar-On, 2005). Going by this model, there is a strong correlation between emotional intelligence and maternal adjustment; an emotionally intelligent mother should be able to cope better in all situations including motherhood. Also, Wons and Bagiel (2011) identified emotional Intelligence as a basis for active, adaptive coping with stress. That means a person with high emotional intelligence can better recognize potential stressors and can use emotion in coping with problems. The authors concluded that individual style of coping with stress is connected with the level of emotional intelligence.

Moreover, optimism is an intent to put the most favourable construction in action or to expect the best possible outcome in any given situation, which forms an important psychological factor of adjustment, because to adapt to a new circumstance and cope with challenges the women need to adhere to rational active form of optimism. Optimism helps to replace sense of hopelessness with feeling of self-control (Scheier & Carver, 1985). Not only that optimism promotes health, it enhances perception (Peterson, 2000). Optimism has been found to improve perceived quality of life (Gen, 2002). An HIV-positive mother with optimism will not see her condition as a hindrance to effective maternal adjustment to motherhood (Peleg, G., Barak, O., Harel, Y., Rochberg, J. & Hoofien, D. 2009). There is good cause for optimism for HIV-positive women, due to positive reports on the progress made so far. In 2011 report of a study in South Africa by Burton (2013) showed a reduction of maternal mortality ratio of 354/100,000 (17.7%) per live birth among HIV-positive women, from 430/100,000 in triennial report covering 2008-2010, this is due to the use of Highly Active Antiretroviral Therapy (HAART) and other strategies to curb the disease.

Religion has been found to enhance adjustment capability in most people as many believe that their strength to successes is from God, “the Supreme Being”. High level of spirituality/religion

has been associated with less psychological distress, less pain, greater energy and will to live, better cognitive and social functioning and feeling that life has improved since HIV diagnosis (Iroson, Stuetzle & Fletcher, 2006). At the same time, it has been observed that some religious teachings promote non-compliance with medical services (Waite & Laharer, 2003), The reliance on God and rejecting therapy and the acceptance of HIV as a punishment for living sinful life styles, also HIV-related stigma beliefs and spiritual struggle has been associated with high level of depression and loneliness and poorer medical adherence among people living with HIV (Jenkin, 1995). However many faith-based groups have been found to play significant roles in the life of HIV-positive people, by encouraging and also alleviating their suffering, (Hinks, 2010), which in no doubt has enhanced their adjustment skills.

According to Combe (1991), adjustment cannot be overruled in marriage and motherhood, he opined that, married people are generally less stressful than their unmarried counterparts; for instance, married women would experience less stress because of the support they receive from their family members especially the husbands. Erinoso (2005) opined that family serves supportive functions in addition to economic, protective and socialization. It is generally believed that marriage brings happiness (Waite & Laharer, 2003). A study conducted in the

U.S. showed that married women had lower rate of suicide compared with their unmarried and divorced women (Brown & Jone, 2012). This is an evidence of ability to cope with situations.

The effect of socio economic status on HIV-positive mother cannot be over emphasized, as educational status, standard home facilities, occupation are very germane to HIV management and maternal adjustment (Commission on HIV/AIDS and Governance in African (2005). An HIV-positive woman that is socio economically stable; having a good job, living in an ideal home with basic facilities would adjust better to the new condition.

Hence, South-West Nigeria was chosen for the study, because, epidemiological studies revealed that about 17.6% of HIV infected people in Nigeria domiciled in South-West Nigeria (UNICEF, 2011 & NACA, 2012). This study, therefore, focused on the adjustment skills of HIV- positive women in this part of Nigeria, by investigating the influence the predicted personal factors (age, marital status, religion, socio-economic status, emotional Intelligence and optimism), may have on maternal psychological adjustment to motherhood functions as they nurture their infants in the reality of living with HIV/AIDS.

#### **Statement of the Problem**

One of the major problems facing mothers diagnosed to be HIV-positive is the issue of

adjustment to motherhood and the disease, because both motherhood and HIV infection are stressful conditions and they require serious change and adaptation. The stress created by these conditions could make the woman less adjusted to motherhood functions. The women may be more vulnerable to post-partum complications, emotional breakdown, like depression and other maladaptive behaviours which may affect the normal maternal attachment and coping mechanism. Adjustment really, does not mean absence of problems but the manner in which one is able to tackle the problem. If some personal factors that can enhance adequate adjustment are identified and utilized, the women can be sure of effective psychological maternal adjustment in their present circumstances. Adequate adjustment can lead to happy and contented life even with the demand of motherhood and HIV infection. By identifying some significant factors and their direction of influence, the women can be helped to better adjust to most of the demands HIV infection is having on their motherhood functions and on their life in general.

#### **Research Questions**

1. What is the nature and direction of relationship between age, marital status, religion, socio-economic status, emotional intelligence, optimism and maternal adjustment to motherhood of women living with HIV in the South-West Nigerian?

2. What are the relative joint contributions of age, marital status, religion, socio-economic status, emotional intelligence, optimism to respondent's maternal adjustment?
3. Are there significant relative contributions of age, marital status, religion, socio-economic status, emotional Intelligence, optimism to respondent's maternal adjustment?

## **METHOD**

This study adopted a descriptive survey design of *ex-post facto* type, which considered relationship, relative contribution of age, marital status, religion, socio economic status, emotional intelligence, optimism, to maternal adjustment to motherhood. Questionnaire was used to obtain information from the respondents. Analysis was done with the use of SPSS.

### **Population of the Study**

The population for this study comprised all HIV-positive women, both pre-natal and post-natal mothers attending clinics in the South-West Nigeria, where an estimate of approximately 299,200 (17.6%) out of 3.4 million HIV infected women in Nigeria domiciled (UNICEF, 2011 & NACA, 2012).

### **Sampling Technique and Sample**

A multistage sampling technique was used to select 1,653 participants for the study. Oyo, Ogun and Ekiti were randomly

selected from the six states in the South-West Nigeria. Six study areas were purposively selected and these were two federal, two states and two faith-based HIV Care Centres. The women were stratified into their reproductive states and only those that were pregnant, nursing children or have nursed infants after being diagnosed with HIV were allowed in the study. Convenient sampling technique was adopted in obtaining information from the respondents.

### **Instruments**

The instruments were packed into demographic section including age, religion, and marital status. Reliable and valid research instruments were used for the purpose of data collection in this study. They were: Wong and Law Emotional Intelligence Scale (WLEIS)  $r=0.94$  with 16 items, Optimism Scale, (OS)  $r=0.86$  of 10 items, and Social-Economic Status Scale (which includes occupation, educational status, type of residence and facilities) (SESS  $r=0.73$ ). While Adjustment Scale (AS)  $r=0.88$  with 15 items was constructed by the researchers. The reliability of the instruments was established using Cronbach alpha.

### **Procedure for Data Collection**

The research instruments were administered directly on the women after obtaining written and verbal permission from the ethical committees of the various centres. The participants completed consent

form and assured of confidentiality. Thirteen experienced research assistants were trained for 4-6 hours in the selected centres on how to administer the instruments and they were involved in data collection. Data collection lasted thirteen weeks in the three states.

**Ethical Consideration**

Principle of Beneficence was observed. The researchers ensured that questions asked were not harmful to the participants in any form. The principle of justice was also adopted: the participants were informed of their right to privacy throughout the

procedure and that they were free to withdraw at any stage of the procedure if they so wished, without any form of persecution. Selection of participants was based on their sound understanding of the procedure. Anonymity and confidentiality were maintained at all times. Evidence of ethical consent attached.

**Data Analysis**

Data obtained were analyzed using multiple regression analysis. All the research questions were tested at  $p < 0.05$  level of significance.

**RESULTS**

**Research Question 1**

What is the nature and direction of relationship among age, marital status,

religion, socio-economic status, emotional intelligence, optimism and Maternal adjustment?

**Table 1:** Relationship between Age, Marital Status, Religion, Socio-Economic Status (SES), Emotional Intelligence, Optimism and Maternal Adjustment.

Variable	Age	Marital Status	Religion	SES	Emotional Intelligence	Optimism	Adjustment
Age	1						
Marital Status	.254**	1					
Religion	.029	-.099**	1				
SES	.001	-.054*	.627**	1			
Emotional Intelligence	.002	.067**	.129**	.162**	1		
Optimism	-.032	.044	.013	.064**	.257**	1	
Adjustment	.063**	.009	-.002	.043	.311**	.165**	1

\*\*Correlation is significant at the 0.01(1 tailed) \*Correlation is significant at the 0.05 level (2 tailed) N=1,653

The results presented in the Table 1 showed that some variables were significant related while some were not. The results also

reveals that age and adjustment positively related ( $r = .063, p < .01$ ) which mean that the older patients, the better their adjustment to



their presence circumstance. Marital status was negatively related to social economic status ( $r=-0.054$ ;  $p<0.05$ ) and religion however, positively related with emotional intelligent ( $r=.067$ ,  $p<.01$ ). This simply denotes that those who are married experience less of social economic status while those who are unmarried experience more social economic status; however, the result revealed that marital status positively associated with adjustment which implies that those who are married were being enhanced by the support from their spouses to effectively adjust to their present situation. Additionally, religion positively and significantly correlated with social economic status ( $r=.627$ ,  $p<.01$ ), emotional intelligence ( $r=.129$ ,  $p<.01$ ); this result depicts that the more religious status of the participants the more they tend to have better social economic status and adjust to their situations. Moreover, social economic status significantly and positively associated with emotional intelligence ( $r=.162$ ,  $p<.01$ ) and optimism ( $r=.064$ ,  $p<.01$ ); this outcome showed that the social

economic status enhanced the participant's emotional intelligence and the positive outcome of their present situation and life in general. Furthermore, the result of this study revealed that emotional intelligence positively related with optimism ( $r=.257$ ,  $p<.01$ ) and adjustment ( $r=.311$ ,  $p<.01$ ). The result depicts that emotional intelligence of the participants related with participant's positive approach to their situations and adjustment to their health condition. More so, optimism positively related with adjustment ( $r=.165$ ,  $p<.01$ ), in other words, optimistic view of situation enhanced the participant's adjustment to health condition. This revealed that most of the variables are related among themselves and mostly in a positive direction.

**Research Question 2**

Are there significant joint contributions of age, marital status, religion, socio-economic status, emotional intelligence, optimism to respondents' maternal adjustment?

**Table 2:** Contributions of Age, Marital Status, Religion, Socio-Economic Status, Emotional Intelligence, and Optimism to Maternal Adjustment

Model	S	Sum of squares	df	Mean Square	<i>f</i>	Sig.
Regression		13951.936	6	2325.323	34.743	.000
Residual		110165.128	1646	66.929		
Total		124117.065	1652			

$R = .335$ ,  $R^2 = .112$ ,  $Adj R^2 = .109$ ,  $Std.Error = 8.181$

Table 2 shows the ANOVA and model summary of the regression analysis for the

study; the result revealed the joint contribution of six independent variables to

respondents' psychological adjustment. The results showed that all the independent variables taken together correlated positively with each other and with respondents' psychosocial adjustment  $R=0.335$ . This implies that all the independent variables could influence respondents' maternal adjustment to some extent. More so, the independent variables explained 11.2% of the total variance observed in respondents' maternal adjustment ( $R^2=0.112$ ) leaving the remaining 89.8% to the residual and other factors that were not considered in the study. The level of significance of multiple

correlation  $R=0.335$  is shown in the ANOVA table ( $F(df_{(6, 1646)} = 34.743 p<0.05)$ ) which implies that the joint contribution of all independent variables to respondents' maternal adjustment are significant. Thus, there was significant contribution of all independent variables to maternal adjustment.

**Research Question 3**

Is there significant relative contribution of age, marital status, religion, socio-economic status, emotional intelligence, and optimism to respondents' maternal adjustment?

**Table 3:** Relative Contribution of Age, Marital Status, Religion, Socio-economic Status, Emotional Intelligence, and Optimism to Respondents' Maternal Adjustment?

<b>Coefficients</b>					
Model	Unstandardized		Standardized		Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	28.503	1.453		19.615	.000
Age	.847	.262	.078	3.233	.001
1 Marital Status	-.462	.282	-.040	-1.634	.102
Religion	-.317	.146	-.065	-2.164	.031
SES	.050	.055	.028	.917	.359
E.I	.151	.013	.293	12.029	.000
Optimism	.115	.030	.093	3.852	.000

*Dependent Variable: Psychological Adjustment*

Table 3 shows the result of the relative influence of all the independent variables to the respondents' maternal adjustment. The result revealed that emotional intelligence made the highest contribution to the

maternal adjustment ( $\beta = 0.293, p < 0.05$ ) which was significant at  $p<0.05$ , followed by level of optimism ( $\beta = 0.093, p < 0.05$ ), and then age ( $\beta = 0.078, p < 0.05$ ). This implies that a unit increase in emotional

intelligence will lead to corresponding 0.293 in maternal adjustment; also a unit increase in level of optimism and age will lead to corresponding increase 0.093 and 0.078 respectively. Thus, inference could be made that marital adjustment is the function of emotional intelligence, optimism level and age of the respondents. Thus, emotional intelligence, level of optimism and respondents' age made significant relative contribution to respondents' adjustment to motherhood.

## **DISCUSSION**

The purpose of this study was to investigate six personal factors hypothesized as determinants of maternal psychological adjustment to motherhood and HIV infection among mothers in South West Nigeria. The first research question was to test for the relationship between the independent variables and the dependent variable. The result showed a significant statistical relationship between personal factors; (age, marital status, religion, socio economic status, emotional intelligence, optimism) and maternal adjustment to motherhood.

In this study, age was found to have contributed to adjustment positively. Not only that, age and marital status were significantly related. This implies that the older a mother infected with HIV grows; the better is her adjustment to the disease and motherhood roles. This is supported by study of Figueiredo and Tendals (2014)

who reported that adolescent pregnant women showed lower adjustment and poor maternal attitude than adult pregnant women. Nema and Banssal (2015) described adjustment in relation to age as very crucial especially at mid-age, which doff tail into the reproductive period of a woman's life and the age when HIV infection is more prevalent; more so, women may manifest mood swing, depression, self-criticism and hostility. For a woman to escape these tendencies she needs to be more resilient to changes that accompany motherhood.

The roles of marriage which are to provide companionship support and procreation are highly germane to adjustment to motherhood and HIV infection. This is evidenced in this study. Marital status was significantly related to adjustment among the participants. This may be due to the support these women get from their spouses. Also, support from spouse and other family members could further enhance coping mechanism by married women. The outcome of this study supports the result in the work of Fox (2010) who opined that marriage serves as a buffer for effective adjustment in motherhood. However, Fox (2010) opined that the quality of partner relationship has profound implications for emotional adjustment. A non-supportive spouse could aid disease progression in HIV infection. A woman needs a supportive husband and other members of the family to cope with HIV

and motherhood. Family support is germane to coping strategies in HIV predicament and in the care of children.

The result of this study showed that there is a strong faith, trust and submission of respondents in their various religious beliefs (God/gods) in their ability to effectively adjust to the new circumstances and responsibilities. Many of the women believe that it is only God that can determine which baby acquires and which does not acquire HIV from the mother. This result also supported findings of scholars like; Diener (2010); Akinsola (2002); Hughes (2012) and Forney (2003), who all agreed that engaging in religious activities has potential means for emotional balance. This in turn aids adjustment and coping mechanism with new situations of HIV-positive women.

Socio economic status has jointly contributed to adjustment in these respondents. Although reports have found HIV to be costly to many households (CHGA, 2005), not only in terms of medical cost; it disrupts their work and has great impact on their income, including cost of burial, but the variable has contributed positively to maternal adjustment to motherhood. From the result of this study we can infer that if a woman is socio-economically stable, having good job with adequate income, living in an idea home, with basic amenities, she would adjust better because of her access to parameters

of social economic status in (education, occupation and better living facilities) to meet the high demand of good food, drugs, the cost of living and care of the new baby and to maintain herself. Although the general belief is that HIV may lead some families to poverty, and those at poverty level may disintegrate to destitute (CHGA, 2005), but the result of this study is at variance with this view. The effort of Government and Non-Governmental organization by providing free services has tremendous positive effects on the women's quality of live.

Emotional-intelligence has significant and positive relationship with adjustment. This shows that the higher HIV-positive women are on emotional intelligence, the better they will be in terms of adjustment to motherhood and HIV. In conformity with the opinion of Bar-On (2005) who believed that emotional-intelligence is required in other to cope with pressures of life, HIV-positive women can be groomed in emotional intelligence, since emotional intelligence is a developing ability and can be learned in order to cope better with their condition.

According to the outcome of this study, optimism and maternal adjustment were significantly and positively related. This conforms to the finding of (Peleg, et al. 2009) who found optimism to play important role in adjustment indicating that, with optimism, women are capable of

adjusting well to their conditions because when there is a will, there is always a way to achievement of any pursuit in life, including good health.

The second question examined the joint contribution of the age, marital status, religion, socio-economic status, emotional intelligence and optimism to the prediction of the psychological adjustment. The results showed that all the independent variables taken together correlated positively with each other and with respondent's maternal adjustment to motherhood. The entire variables can be said to influence the women's adjustment to motherhood and HIV infection to a certain extent.

The third question examined the relative contribution of the age, marital status, religion, socio-economic status, emotional intelligence and optimism to maternal psychological adjustment. The result showed that emotional intelligence made the highest contribution to maternal adjustment, followed by optimism and the age which showed that any bust in the emotional-intelligence of the women would heighten their level of adjustment to their new situation. The rate of adjustment in these women corresponds with the strength of emotional-intelligence, optimism and the age of the women.

### **Conclusion**

The six variables of study; age, marital

status, religion, socio-economic status, emotional intelligence and optimism were valid as predictors of maternal adjustment of HIV-positive women to motherhood in the South West Nigeria. The study revealed that all the independent variables were related among themselves and with dependent variable in a positive direction. That means effective adjustment to motherhood among HIV-positive women requires personal effort by the women as well as psychological supports from significant others around them. Going by the outcome of this study, to prevent maladjustment and hitch-free motherhood experience by HIV-positive women in South-Western Nigeria, women need to be emotionally intelligent and optimistically confident in addition to their accumulated experience in age.

### **Recommendations**

The findings of this study calls for the following recommendations:

To help the women consolidate their thought and adjust very well, they will require:

1. Counselling psychologists should be engaged by HIV treatment centres to help train HIV infected women on emotional intelligence. If this is done they will have better adjustment to their conditions.
2. Counselling psychologists should be engaged by HIV treatment centres to also help train HIV infected women on optimism. This is because

optimism is seen to predict adjustment positively.

3. It is clear from this study that better adjustment to motherhood and HIV comes with age, therefore counselling psychologists should give more and special attention to younger mothers during counselling considering the fact that they have less coping or adjustment abilities.

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